PTO/SB/82 (01-06)

Approved for use through 12/31/2008, OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to re to a collection of information unless it displays a valid OMB control number Application Number 10/788,657 REVOCATION OF POWER OF Filing Date February 27, 2004 ATTORNEY WITH First Named Inventor Lei Shao **NEW POWER OF ATTORNEY** Art Unit 2616 AND Examiner Name Rhonda L. Murphy CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number P16330X

I hereby revoke all previous powers of attorney given in the above-identified application.									
A Power of	Attorney	is submitted here	ewith.						
OR									_
✓ I hereby ap	point the	the practitioners associated with the Customer Number:				nber:	r: 67861		
Please change the correspondence address for the above-identified application to:									
	iress ass er Numb	sociated with ber: 67861							
OR									
Firm or Individual Na	ame		-8						
Address			"						
City				State			Zip		
Country									
Telephone					Email				
I am the: Applicant/Inventor.									
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
		SIGNATUR	E of Applicant	or As	signee of	Record			
Signature Jam Maulinh									
	Pam J. Matlock								
Date 42	15/07			Te	elephone	408.7	65-1	1144	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
*Total of 1 forms are submitted.									

This collection of internation is required by 37 CPR 1.38. The information is required to obtain or retain a benefit by the public which is to Bife (and by the USFIO) to proceed an application. Confidentially is genered by \$51.85.C, 32 and \$57.0FR 1.1 and 11.4. This collection is estimated to this of similarity to complete, including gathering, preparing, and submitting the completed application from to the USFIO. There will vary depending upon the individual case. Any comments on the amount of time you require to complete the filter maniformation (SIOF, using this burdan, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Patient (SIOF, U.S. Patient Chief, U.S. Patient (SIOF, U.S. Patient (SIOF, U.S. Patient Chief, U.S. Patient (SIOF, U.S. Patient (SIOF, U.S. Patient) (